

# City of Carlsbad Medical Release Form

PARTICIPANT NAME: \_\_\_\_\_

CAMP: \_\_\_\_\_ CAMP #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_

## Medical Emergency Release: Authorization and Consent of Parent(s) or Legal Guardian(s)

Pursuant to California Family Code §6910, I am a parent or legal guardian having legal custody of the minor child identified above, and do hereby authorize the City of Carlsbad, its officers, employees, agents, representatives, and assignees, whose care such minor child has been entrusted, to consent to any examination, X-ray examination (or similar examination such as by CAT scan), anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the California Medical Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the California Dental Practice Act. I agree to pay any and all costs for the foregoing care. In consideration of my child's participation in the sponsored activity, I hereby release, hold harmless, and discharge the City of Carlsbad, its elected officials, officers, employees, agents, representatives, and assignees from any and all claims for personal injuries and damages.

This authorization is effective on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, and shall be valid for one year.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

**SIGN HERE >>** PARENT/GUARDIAN #1'S SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN #2'S SIGNATURE \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Address \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Pertinent medical history information (Epilepsy, diabetes, allergies, etc.) \_\_\_ Yes \_\_\_ No. If yes, explain:

Parent/Legal Guardian Emergency Phone # \_\_\_\_\_

In case of emergency (if Parent/Legal Guardian cannot be contacted) please notify:

Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone \_\_\_\_\_

My child takes the following medication(s) on a regular basis: \_\_\_\_\_

**Staff is not permitted to dispense any medication not prescribed by a physician. A physician's note must accompany the medication that is to be dispensed.**

Name of Child \_\_\_\_\_

Medicine \_\_\_\_\_ Time Given \_\_\_\_\_ Dosage \_\_\_\_\_

## Photographic Release

I permit the City of Carlsbad to use and publish photographs and/or videotapes of me and/or my children for purposes of presenting cultural activities to the community and to promote city programs to prospective clients and/or participants. I also give permission to release such photographs and/or videotapes to the news media in support of the program.

\_\_\_\_\_ (Please Initial) << **INITIAL HERE**

## Code of Conduct Release

The City of Carlsbad encourages a safe and healthy atmosphere by supporting an environment free from: drugs or alcohol, violence, intimidation, or harassment, gambling or solicitation, profanity, or abusive language, vandalism or property damage. This code of conduct applies to all participants, spectators, visitors, facility users, organizations or groups, staff and volunteers in any and all City of Carlsbad activities, programs and facility uses.

Violation of this code of conduct may result in disciplinary action up to and including immediate and permanent expulsion from City of Carlsbad programs, cancellation of any facilities reservations, forfeiture of any and all fees, and financial or other restitution for any damage. Acts conducted by a minor are the responsibility of the parent or guardian. I have read and agree to abide by the City of Carlsbad's code of conduct and accept responsibility for any acts on behalf of my child in violation of this code.

\_\_\_\_\_ (Please Initial) << **INITIAL HERE**

**HAVE YOU SIGNED IN ONE PLACE AND INITIALED IN TWO PLACES? YOUR FORM IS NOT COMPLETE UNTIL YOU DO.**